

Survival of Blood Platelets Labeled with Chromium⁵¹

By Knut A. AAS and Frank H. Gardner

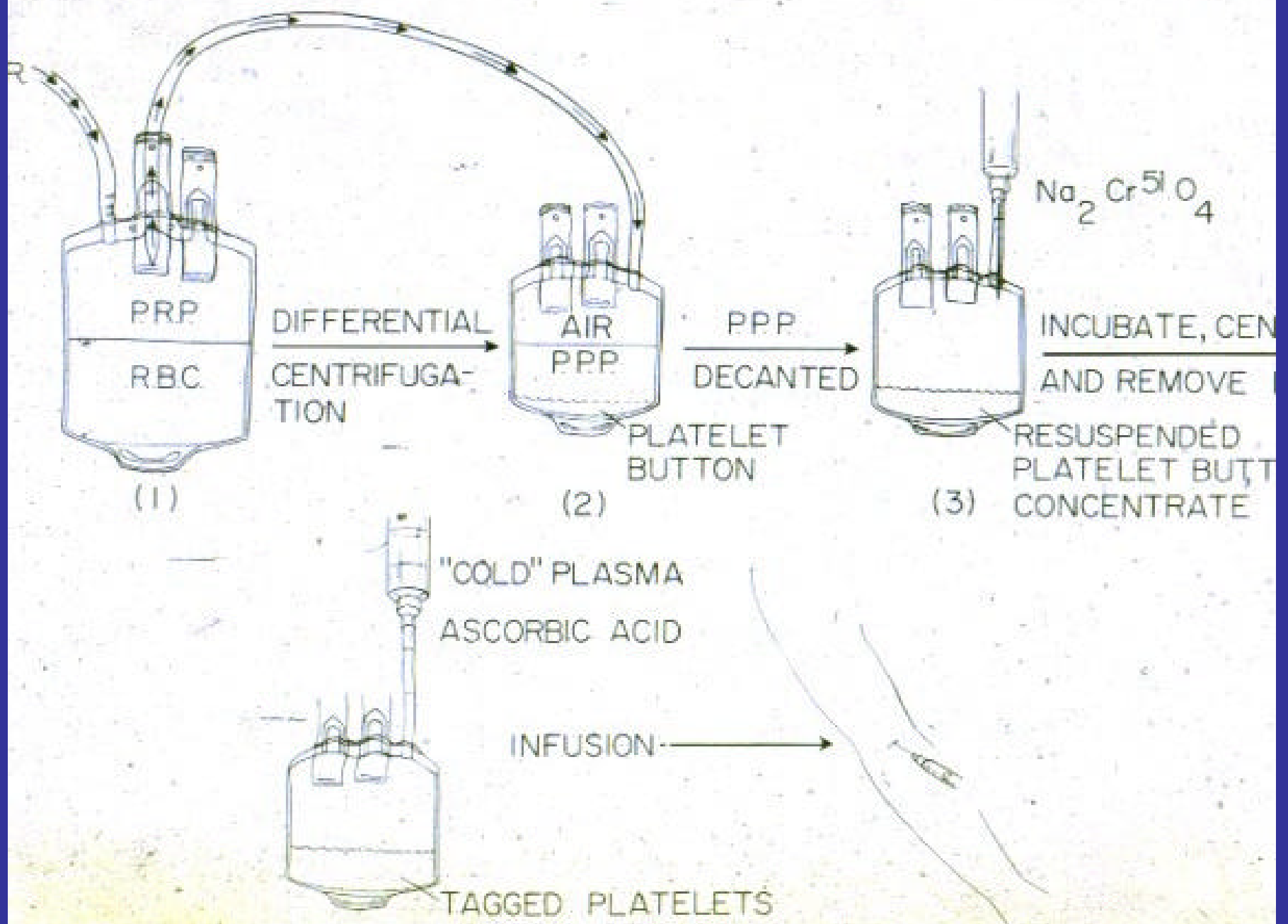
*(From the Richard C. Curtis Hematology Laboratory,
Peter Brent Brigham Hospital, and the Department
of Medicine, Harvard Medical School, Boston, Mass)*

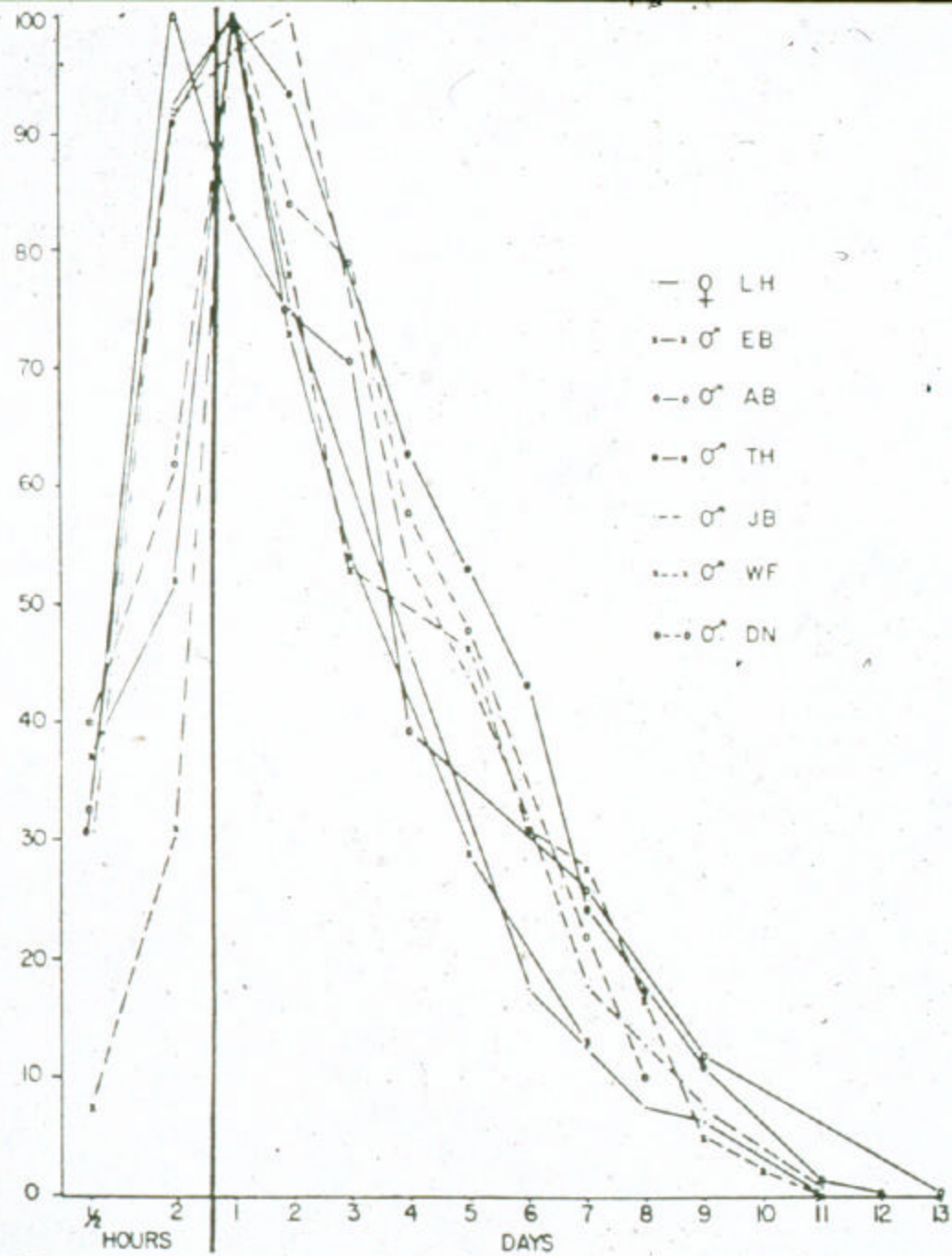
(submitted for publication February 1, 1958

J Clin Invest 37;1257, 1958

1. Anticoagulant. Plasma preparations prepared with acid citrate dextrose (ACD) solution (National Institutes of Health formula) have numerous microscopic aggregations of platelets that do not resuspend after centrifugation and labeling with Cr^{51} . Earlier studies have demonstrated that platelets are discrete and not clumped when NA^2EDTA was used as the anticoagulant.

Aas, Gardner J Clin Invest 37:1257, 1958





Aster's Solution

0.085 M Na_3 Citrate

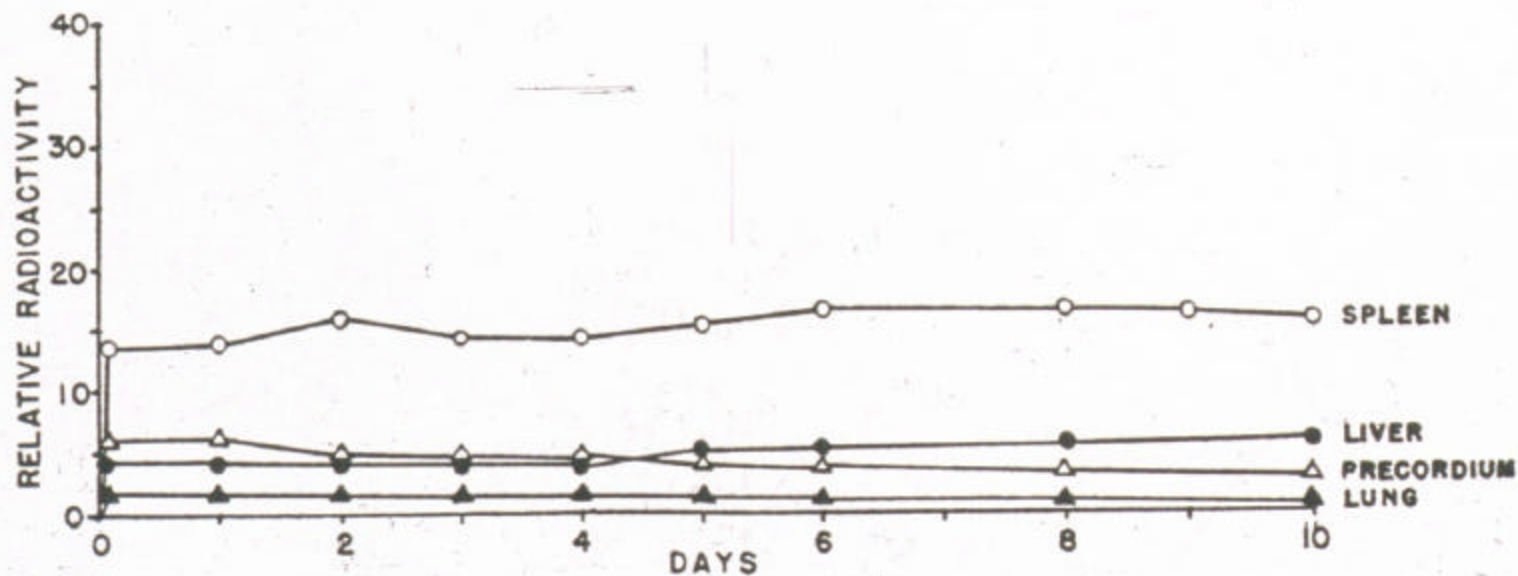
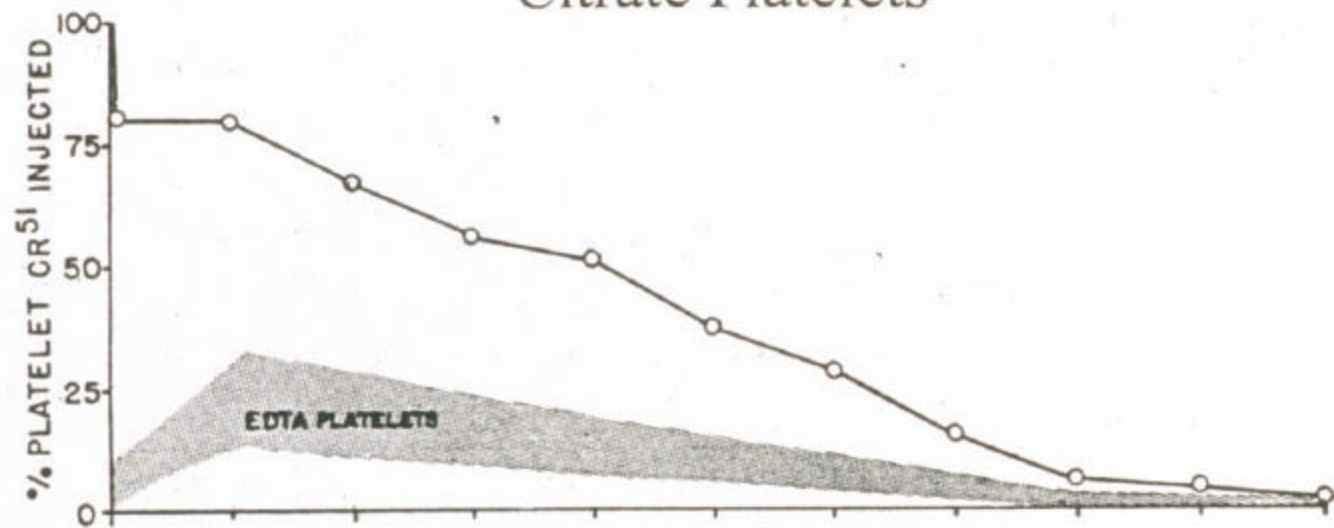
Blood pH, 6.5

0.065 M Citric Acid

2% Dextrose

Citrate, 0.022M
(Increased 50%)

No Sequestration Citrate Platelets



Platelet Preservation III

Comparison of Radioactivity Yields of Platelet Concentrates Derived From Blood Anticoagulated with EDTA and ACD

Phil Cohen, Mark H. Cooley, Frank H.
Gardner

New England Journal of Medicine
273:845-850, 1965

Cr⁵¹

Gardner

Cohen

Murphy

Aster

Harker

Slichter

Slichter – Cr⁵¹ & Ind¹¹¹

In¹¹¹

Thakur

Heaton

Ezechowitz

Snyder

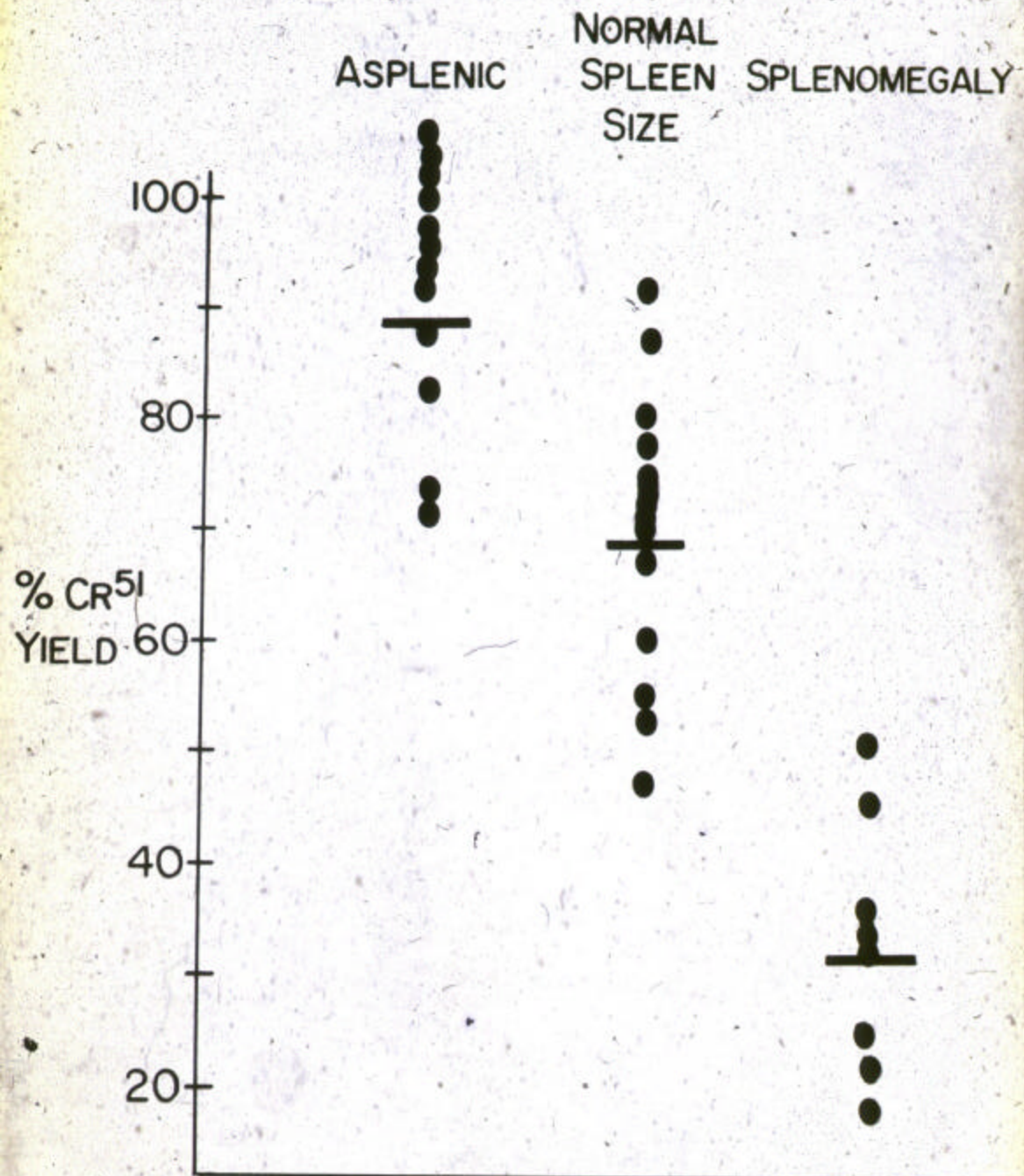
Heaton – Holme – Cr⁵¹ & In¹¹¹

Elfath, Taylor
(Pam Whitley)

AuBuchon

Murphy





TOTAL BODY PLATELET MASS

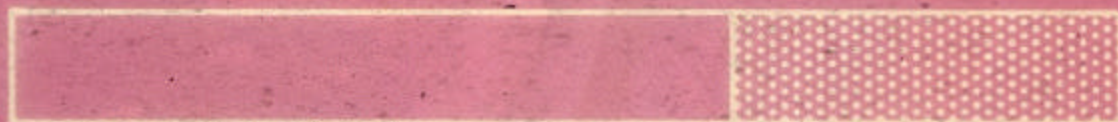


CIRCULATION



SPLEEN

NORMAL



SPLENECTOMY



SPLENOMEGALY



0

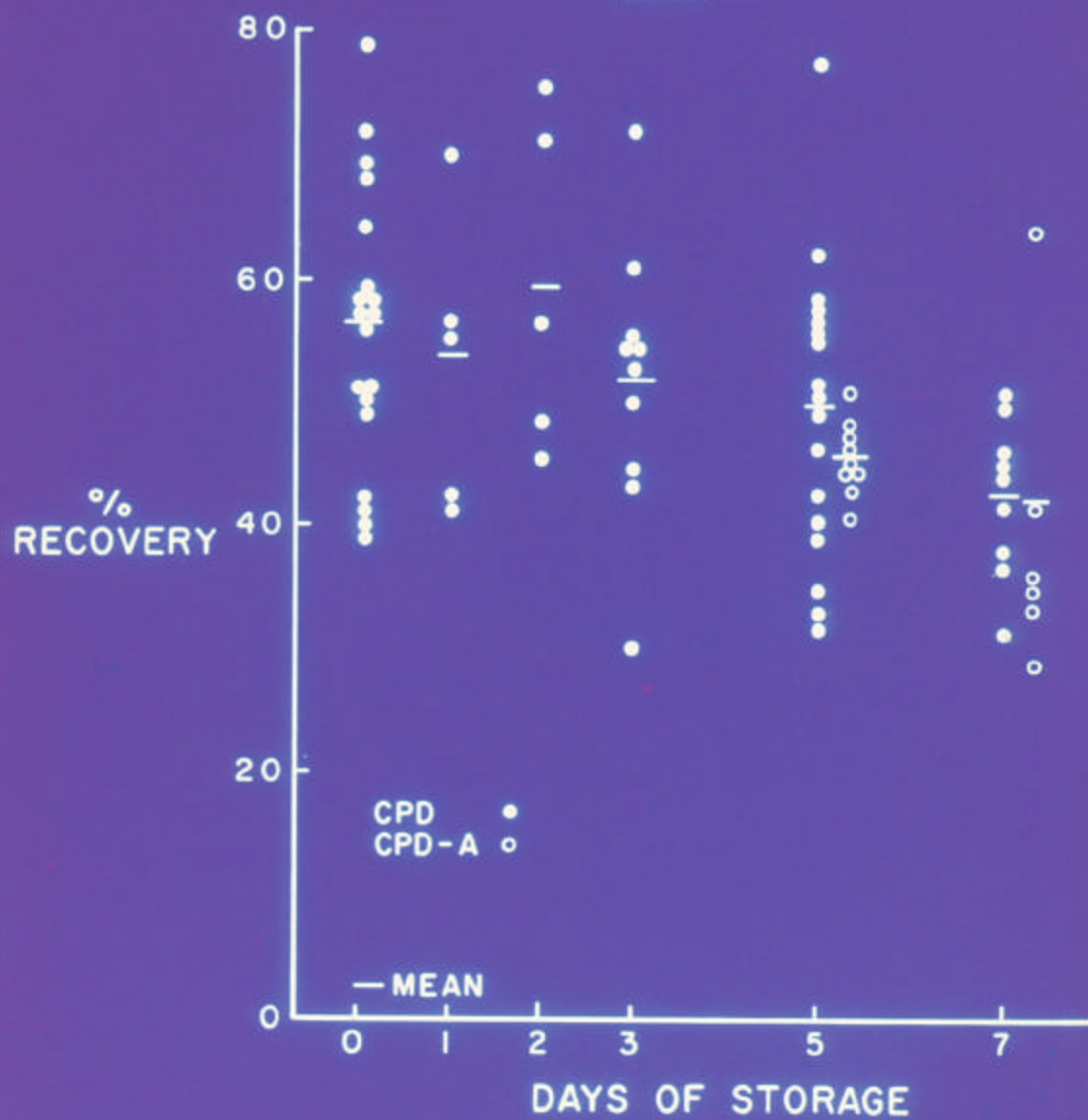
50

100

PERCENT

PC STORAGE, 22°C

CLX



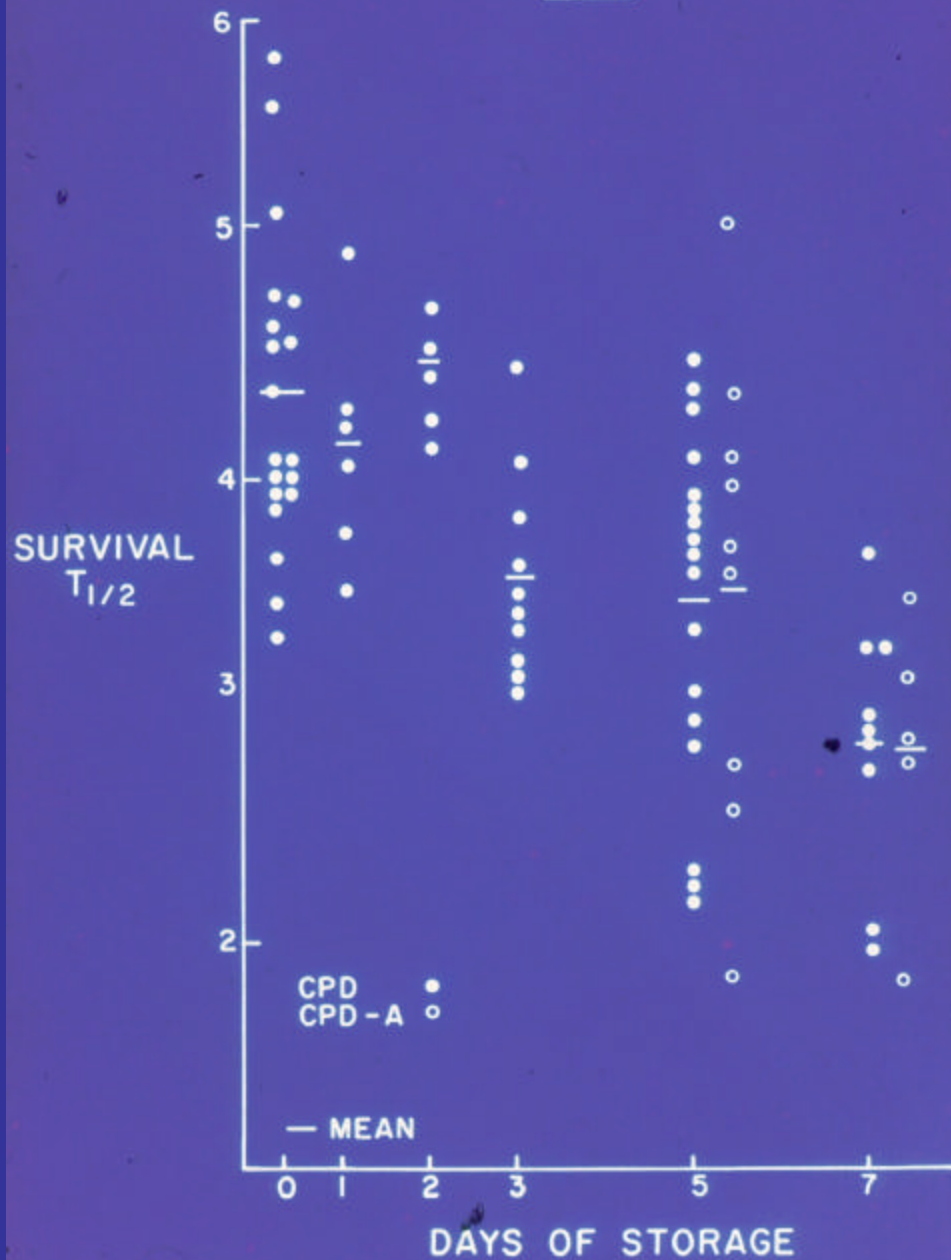
Normal Population

Recoveries Fresh Platelets-Variable

1. Variable splenic volume – 60-200 mL
2. Splenic pool varies inversely with platelet count
3. Estimation of blood volume by surface area
4. Different labs get different results

PC STORAGE, 22°C

CLX

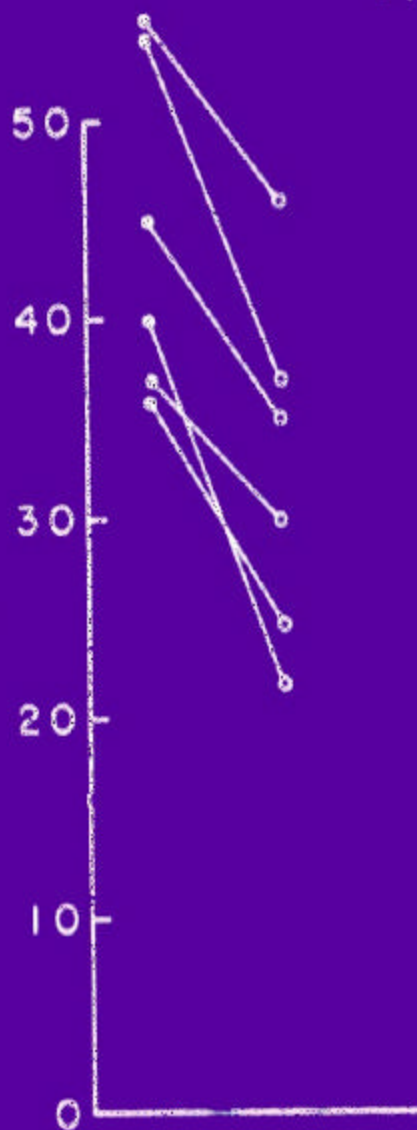


3 DAY STORAGE - PE

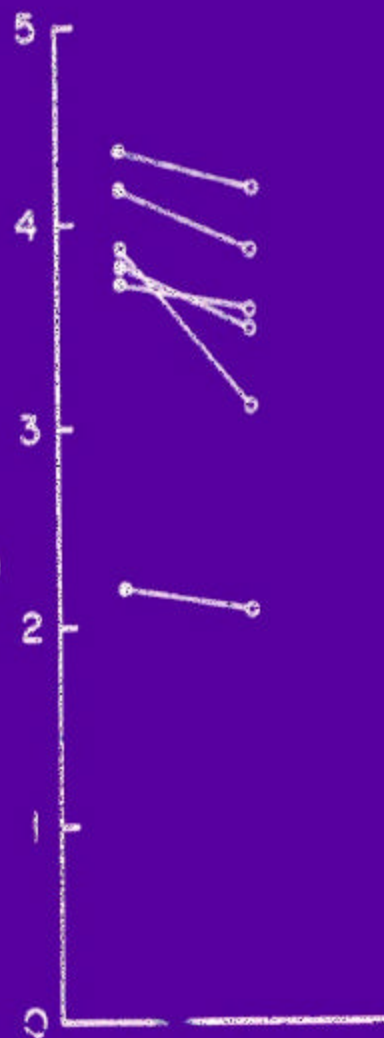
○ F. WHEEL

● FLAT BED

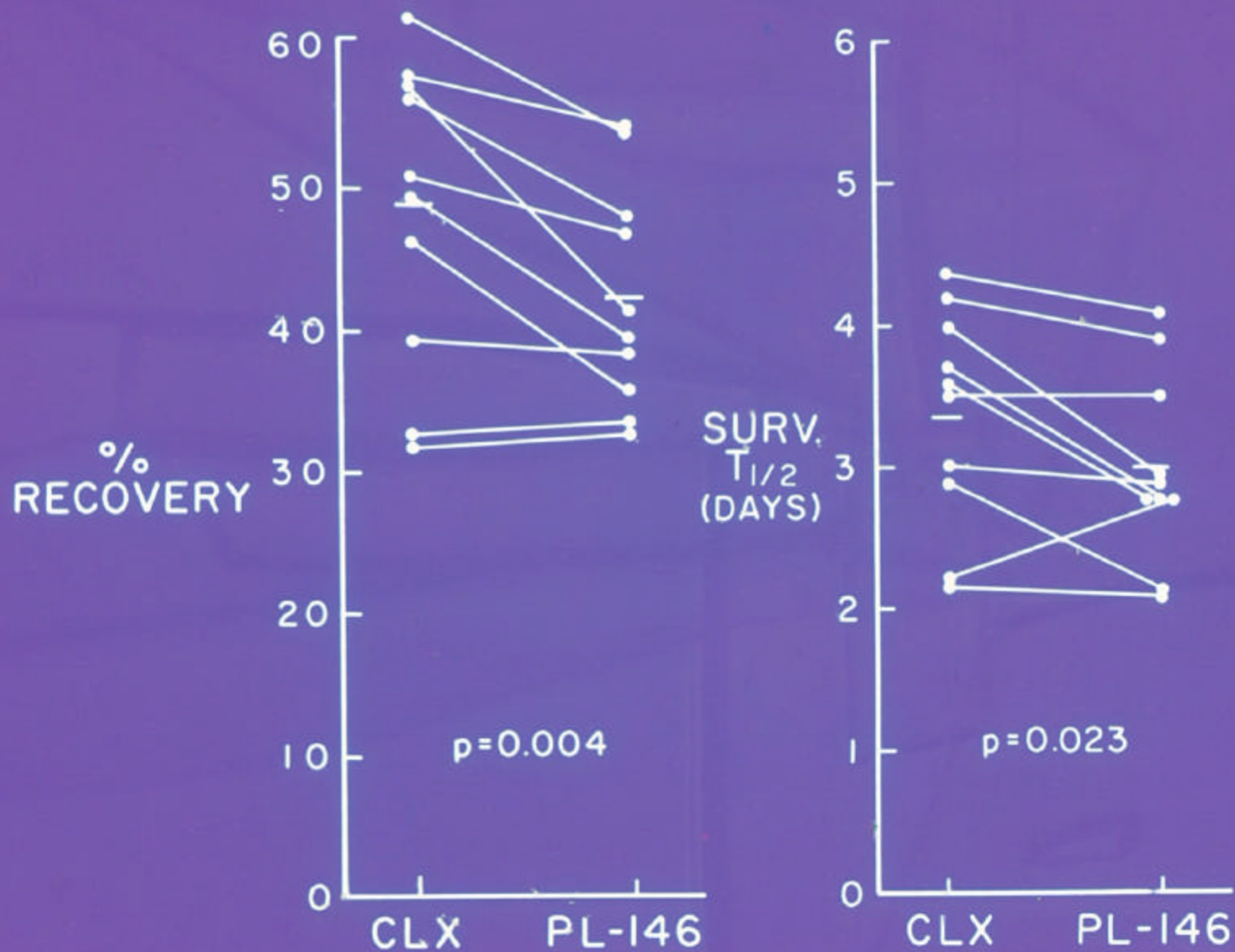
IN VIVO
RECOVERY
(%)

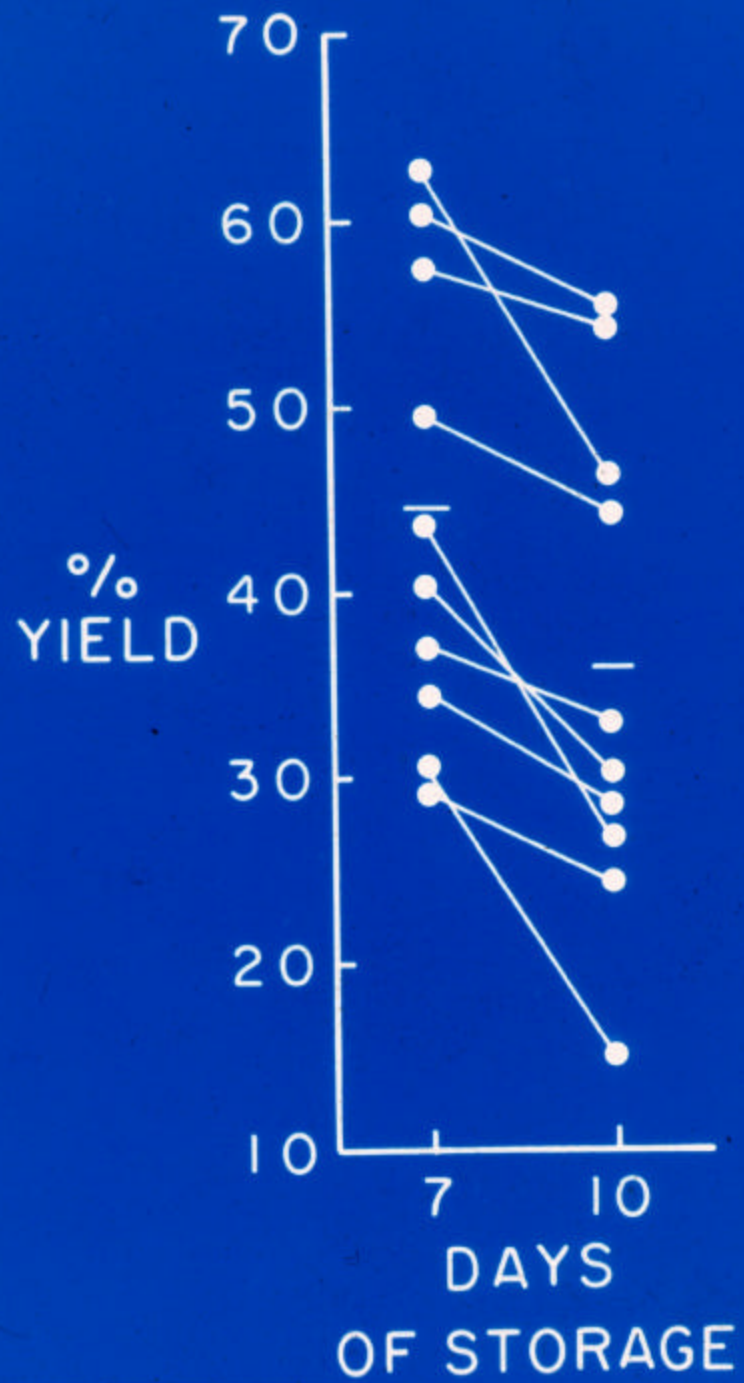


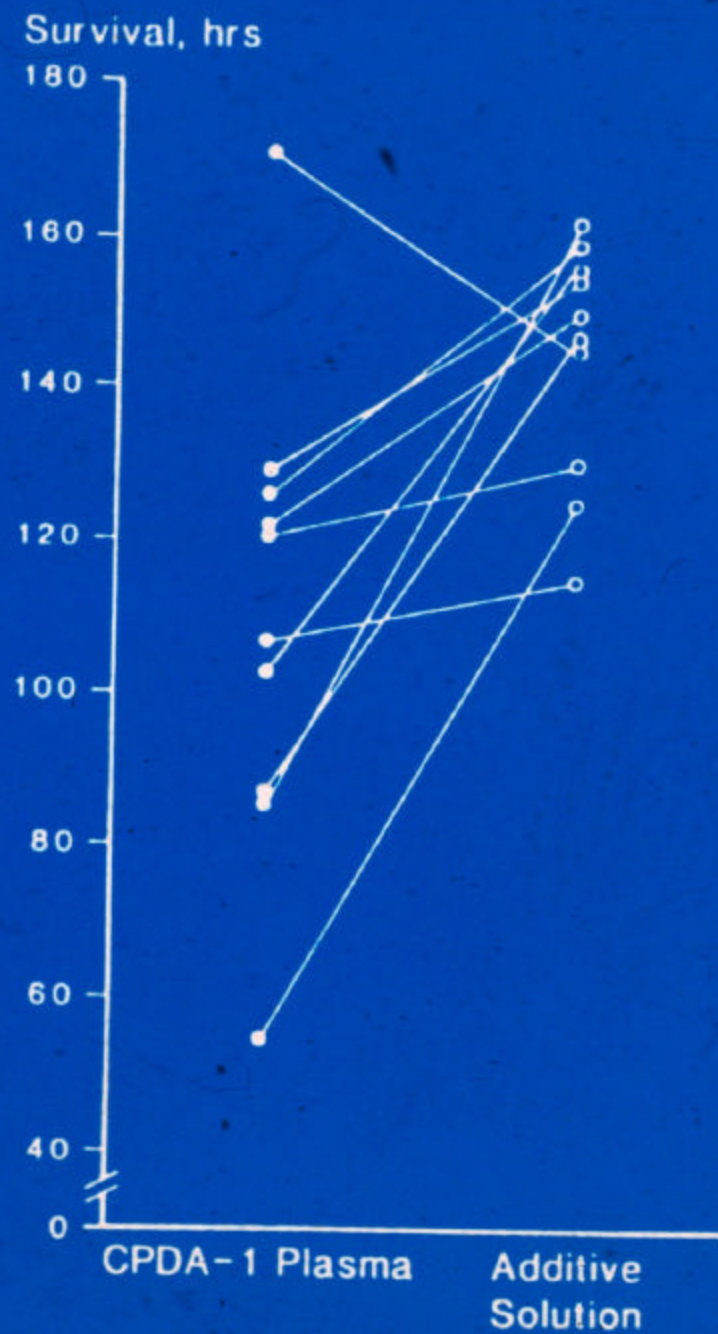
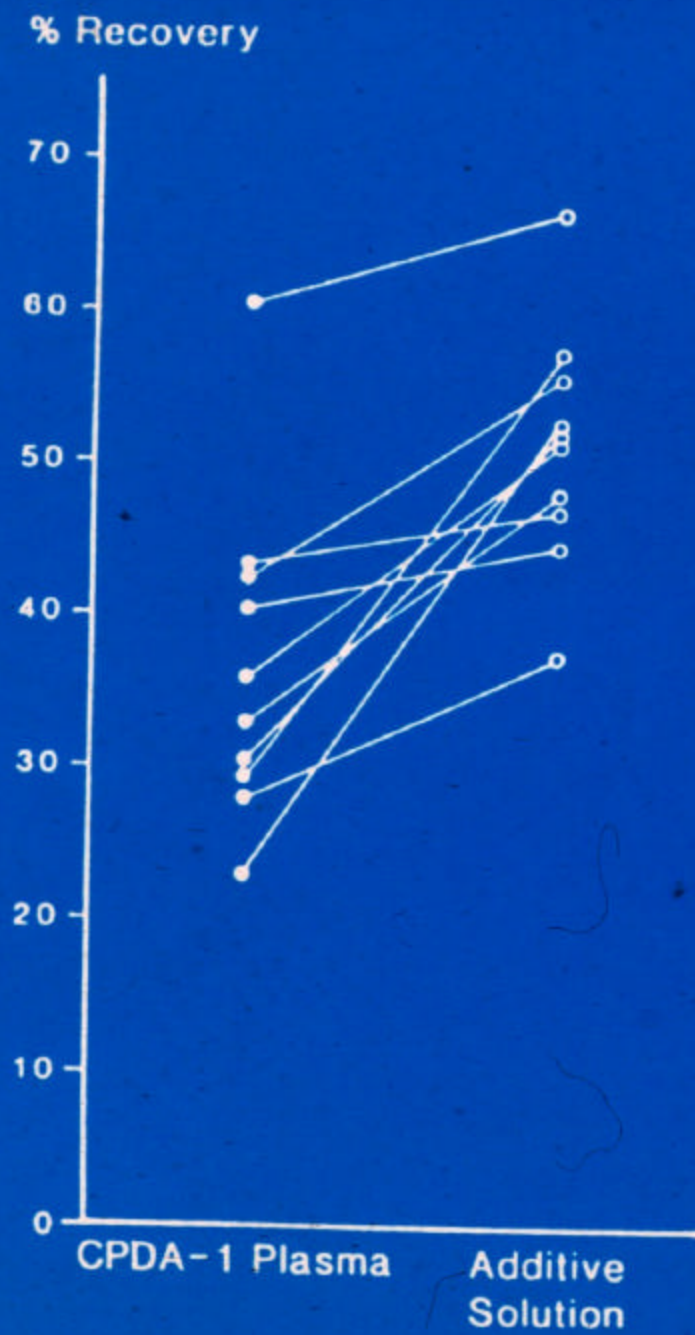
$T_{1/2}$
(DAYS)

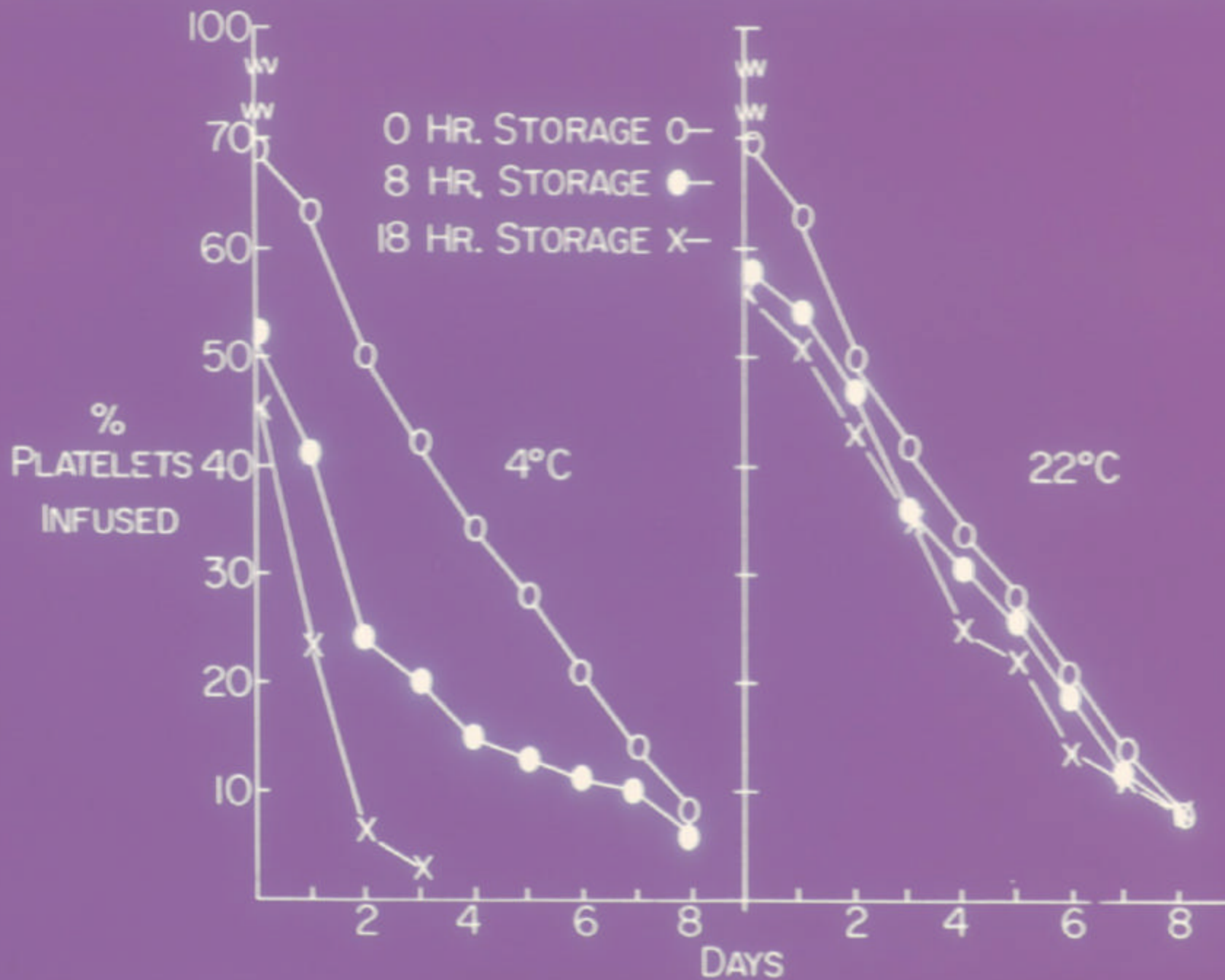


5 DAY PC STORAGE, 22° C
FLAT BED AGITATION









Lotter MG et al.

A computer program in compiled BASIC for the IBM personal computer to calculate the mean platelet survival time with the multiple-hit and weighted mean methods.

Comput Biol Med 18:305, 1988

Cost Program

Program and perhaps its variations in wide use

Varying methods to calculate recovery using COST program

1. Highest value on day 0
2. Extrapolation of survival line back to day 0
3. #2, omit outliers

Current Paradigms

1. Test and control – same individual
2. Test and control – same time – two isotopes

Two Questions

What is the best control?

What do we mean by “same time”?

Paradigm - 2002

Has to be a paired control in same donor

Typical control - “ROP” - regular old platelets

- at end of licensed storage interval
- perhaps worst case scenario

Problems With Paradigm

- No “line in the sand” - ? 40% Rec.,
5 day MCL
- No delineation of acceptable inferiority for
test vs control, if any
- ROP will vary widely from study to study
- Creeping inferiority: $X_0 \rightarrow X_1 \rightarrow X_2 \dots X_n$

A Proposal

- Control should be fresh platelets
- Experimental results should be expressed as % of control
- Acceptable after storage:
 - Recovery: 2/3 fresh
 - Survival: 1/2 fresh
- Acceptable to have a predetermined reduction for experimental relative to extent of patient benefit

Why More Lenient Standard-MCL

In practice, time to next transfusion is no more than 2-3 days

What is the “Same Time”?

Collect and label fresh platelets:

1. On the day test is obtained
2. On the day test is reinfused

How to Prepare Fresh Control

1. Collect a unit of whole blood in plastic container and prepare a traditional platelet concentrate
2. Collect 50-100 mLs of blood in plastic tube and process to obtain platelets